

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		<b>DHMH RECORDS INVENTORY</b>  PAGE ____ OF ____	
1. Department/Agency  <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Board		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title				5. Earliest Year/Latest Year ____ to ____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)					
7. Record Series Format(s) List all Paper: Film / tape: Electronic: G Letter Size G Film/Slides G Kept on Hard Drive (35mm, etc) G Legal Size G Microfilm/ G Computer Tape Microfiche G Rolls ____@ G Audio Tape G Floppy Disk G Bound Book G Video Tape G CD,DVD,etc G Card ____x____ G Other (specify)_____		8. Record Series Sequence G Alphabetical G Numerical G Chronological G Geographical G Other (specify) _____		9. Volume G File Drawer(s) G Microfilm Reel(s) G Computer Tape(s) Number G Other (specify) 10. Annual Accumulation G File Drawer(s) G Microfilm Reel(s) G Computer Tape(s) Number G Other (specify)	
11. File is Used G Daily G Weekly G Monthly G Annually			12. File Becomes Inactive After ____ G Month(s) Number G Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) G Yes G No Agency/ Format_____		
15. Privacy / Access Restrictions G Yes G No G Personal G Medical G Proprietary G Classified G Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements G None G Internal G OIG G Legislative G Federal G Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements G Yes G No _____			18. Recommended Retention: In Office And In Storage (Each Format)		
19. Name and Title of Preparer  E-mail address:		20. Location:  Telephone Number# Room #		21. Date	